



COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE

NO 13-4.14

C. Daniels, LCSW

N. Belen, MD

Revised ISSUE 7/97

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EFFECTIVE 6/1/91

DEPARTMENT **BEHAVIORAL HEALTH**

SUBJECT **LABORATORY SERVICES/  
PHYSICAL ASSESSMENT**

APPROVED

*James McReynolds*  
James McReynolds, Director

**I. PURPOSE**

- A. To ensure that laboratory services are being utilized by San Bernardino County Department of Behavioral Health clients if indicated.
- B. To ensure that San Bernardino County Department of Behavioral Health psychiatrists follow the approved standards of practice when neuroleptic medications are used.

**II. POLICY**

- A. All clients on neuroleptic medication(s) need to have a baseline laboratory study prior to indicating its use. When prescribing neuroleptic medications physicians may want to test for illicit drugs. Physical Assessment (Attachment 1) needs to be signed by the client and filed in medical records at medication session. If client has not undergone physical and laboratory exam, they are to be referred to Physician's Clinical Lab for all lab work.
- B. All clients requiring monitoring of medication(s) through laboratory exams shall follow the standards of Psychopharmacologic Screening Criteria as approved by County Operation South - DBH on August 7, 1984.
- C. All clients on neuroleptic medication(s) shall have at least an annual check of laboratory test by the psychiatrist of record specific for the neuroleptic medication(s) used, based on the Psychopharmacologic Screening Criteria. Frequency of the lab test could be more often than yearly if indicated.
- D. Clients requiring diagnostic tests to rule in or out a psychiatric condition shall have such test ordered.
- E. Clients showing toxic signs from medication(s), showing no progress in spite of maximum doses of medication, monitoring therapeutic levels and other indication(s) relative to efficacy of medication, shall have a blood level drawn.
- F. Lab Log - (1) Psychiatrist completes the bottom portion of the lab requisition slip; (2) The clerk completes the top portion of the lab requisition slip, making sure the doctor's name is entered; (3) Clerk enters information in Lab Log making sure the Psychiatrist receives the results in a timely manner (Attachment II).
- G. This document needs to be updated on a yearly basis. (Physical Assessment Attachment I)

CD:jmp  
a:labphyas.spm

SAN BERNARDINO COUNTY  
DEPARTMENT OF MENTAL HEALTH  
PHYSICAL ASSESSMENT

Dear Patient: .

Please be aware that in all cases in which medication is prescribed, especially psychotropic medications, it is essential that you be in good physical condition and/or that there are no contraindications for your taking the medication as prescribed.

If psychotropic medication is prescribed, and you have not had a physical examination and appropriate laboratory work within the last year, please schedule one as soon as possible. I will be glad to consult with your physician so that he/she may be made aware of what medication(s) are being considered or prescribed.

\_\_\_\_\_  
Physician's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

Date: \_\_\_\_\_

PHYSICAL ASSESSMENT  
San Bernardino County  
Health Care Services Agency  
DEPARTMENT OF MENTAL HEALTH

*Confidential Patient Information  
See W & I Code 5328*

NAME:

CHART NO.

DOB:

ATTACHMENT 1 of 1  
SPM-LABORATORY SERVICES..  
7/94